## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/572621

|                          |  | Claims A                                  | as filed -                     | PART                                      | [                                      |                                  | S    | SMALL ENT          | /ITY                   |           | OTUED                      | TUAM                   |  |
|--------------------------|--|---|--------------------------------|---|--|----------------------------------|------|--------------------|------------------------|-----------|----------------------------|------------------------|--|
|                          |  |   | (Column 1)                     |   | (Column 2)                             |                                  |      | YPE                |                        | OR        | other than<br>Small entity |                        |  |
| U.S. NATIONAL STAGE FEES |  |   |                                |   |  |                                  |      | RATE               | FEE                    |           | RATE                       | FEE                    |  |
| BASIC FEE                |  |   | SMALL ENT. = § 150             |   | LAR                                    | GE ENT. = \$ 300                 | В    | ASIC FEE           |                        | OR        | BASIC FEE                  | 300                    |  |
| EXAMINATION FEE          |  |   | (4) = \$.50/                   | es PCT Article 33(1)-<br>= \$ 50 / \$ 100 |  | ther situations = 3 100 / \$ 200 | E    | XAM. FEE           |                        |           | EXAM FEE                   |                        |  |
| SEARCH FEE               |  |   | U.S. is ISA = \$ ALL other cou | intries =                                 |  | ther situations = 3 250 / \$ 500 | Si   | EARCH FEE          |                        |           | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS. |  |   | minu                           | us 100 =                                  |  | / 50 =                           |      | X \$ 125 = .       |                        | 1         | X \$ 250 =                 | 700                    |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 30 min                         | 30 minus 20 = ,                           |  | • 10                             |      | X \$ 25 =          |                        | OR        | X \$ 50 =                  | 500                    |  |
| INDEPENDENT CLAIMS       |  |   | .5 mi                          | .5 minus 3 = ,                            |  | • 2                              |      | X \$ 100 =         |                        | OR        | X \$ 200 =                 | 400                    |  |
|                          |  | DENT CLAIM PRE                            |                                |   |  |                                  |      | + <b>\$</b> 180 =  |                        | OR        | + \$ 360 =                 | 700                    |  |
| ° If                     | the difference                                 | in column 1 is l                          | less than zero,                | , enter "O                                | " in co                                | olumn 2                          | U    | TOTAL              |                        | OR        | TOTAL                      | 1800                   |  |
|                          | <u> </u>                                       | (Column 1) CLAIMS REMAINING               | (Column 2) (Column 3)          |   |  |                                  |      | SMALL E            | ADDI-                  | OR<br>1 I |                            |                        |  |
|                          | <u> </u>                                       | (Column)                                  |                                |   |  |                                  |      | SMALL ENTITY       |                        |           | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENTA               | Total  | AFTER AMENDMENT                           | Minus                          | PREVIO<br>PAID F                          |  | EXTRA                            |      | RATE               | TIONAL<br>FEE          |           | RATE                       | TIONAL<br>FEE          |  |
|                          | Independent                                    | <b>t</b>                                  | willius                        | 000                                       | ************************************** |                                  | -    | X \$ 25 =          | · ·                    | OR        | X \$ 50 =                  |                        |  |
|                          |  | <u> </u>                                  | ivinius                        |   |  | =                                | )    | X \$ 100 =         |                        | OR        | X \$ 200 =                 |                        |  |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |   |  |                                  | - II | <b>♦ \$ 180 =</b>  | ·                      | OR        | <b>→ \$ 360 =</b>          |                        |  |
|                          |  |   | •                              |   | •                                      |                                  | TC   | OTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE        |                        |  |
| ·<br>                    |  | (Column 1)                                |                                | (Colum                                    | n 2)                                   | (Column 3)                       |      |                    |                        |           |                            |                        |  |
|                          |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                              | HIGHE<br>NUMB<br>PREVIOI<br>PAID F        | ER<br>USLY                             | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                          | Total  | ф   | IVIRIUS                        | <del>å</del> å                            |  | =                                | :    | X \$ 25 =          |                        | OR        | X \$ 50 =                  |                        |  |
|                          | Independent                                    | <b>A</b>                                  | Minus                          | 444                                       |  | =                                | K    | < \$ 100 =         |                        | or        | X \$ 200 =                 |                        |  |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |   |  |                                  | 4    | F\$ 180 =          |                        | OR        | + \$ 360 =                 |                        |  |
| ,                        |  |   |                                |   |  |                                  | TO   | TAL ADDIT.         |                        | OR        | TOTAL ADDIT.<br>FEE        |                        |  |
| · .                      |  |   | ,                              |   | •                                      |                                  |      |                    |                        |           |                            |                        |  |

 $<sup>^{\</sup>circ}$  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

the "Flighest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

and If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.